

Reorganized (partnership change or change in corporate status)
such stone should be included in

ing of stone (The production and shipments of

Yes No

Code	Millions	Units	1963
917	\$		

EM 12ft
USTOM
WORK IN
963

(Check pnfier :ax and furntsh in formal
tm)

Purchased or leased by you
(Enter dlt, name, and address of former owner or
ifssfe /»

19.J

b. Sold or leased
(Enter date, name, and address of purchaser or less
ft m Item 19.J

c. Went out of business into new operator
(Specify date in Item 19.J

HIM 13
CHANGES
IN
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OF
THIS
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DURING
963

69 ITEM
14
YPE OF
DERATIO
N
N 1963

Mining
metho
ds
(check
one
or
more)

- (1) Open pit or
quarry
(2)
Underground
(3) Other
(Specify)

S-10 Code

620

a

8-2

*
S-3

D

b. Prepara
tion
method
s
(check
one
or more)

- (1) No preparation
(2) Dimension stone dressing (sawing,
turning, planing)
(3) Crushing, grinding, or pulverizing
(4) Screening
(5) Washing
(6) Other (Specify)

S 1 S-1 Code Check

D S-
2
686 8-
4
S-
5
8-
6
*

ITEMS 15-16-17

Not applicable to this form

(1) Average hourly wages per production worker The Census Bureau reviews your report for omissions, inconsistencies, and unusual ratios.
To save you future correspondence about these problems, please make the following checks

ITEM 18
CHECKS TO
ASSURE
COMPLETE
AND
ACCURATE
REPORTIN
G

before returning your report:

- a. Review the report carefully to see that no items are omitted for the year being covered
b. Calculate the four "reasonableness" checks described below, entering the figures for each, and review the results.
c. Correct your report for any errors
"Reasonableness" check you find; explain unusual figures in "Remarks" section.

Calculation required for each check

Resulting
figures
for 1963

Item 3a (Production worker wages) H-Item 4c (Man-hours of production workers)

(2)

Hours worked per year per production worker

Item 4c (Man-hours of production workers) X 1,000

=

Item 2Ac (Average number of production workers)

Hrs.

(3)

Salaries and wages per dollar of shipments and receipts

Item 3c (Total payroll)

-

Item 12Ad (Total value of shipments and receipts)

(4)

Supplies, etc., cost per dollar of shipments and receipts

Item 5f (Total supplies etc. cost)

-

Item 12Ad (Total value of shipments and receipts)

ITEM 19

REMARKS

(If additional sheets of paper are used, enter the 11 digit File number located in the address box above your name on each sheet.)

ITEM 20

Name of person to be contacted regarding this report.

Address

Telephone No.

ITEM 21

CERTIFICATION

This report is substantially accurate and has been prepared in accordance with instructions.

PERIOD OF REPORT

This report covers the period:

Name of company

Address

From

To

Signature of authorized official

Title

Date